Georgia Department of Human Resources SUPPORTING BUDGET SCHEDULE: EQUIPMENT PURCHASES for the Fiscal Year July 1, 20 _____ through June 30, 20 ____

			0		
Division # 030		Program #			
Local Agency #	Local Agency Name	Program Name	Budget Revision #		
Description	No Units	S	Program	Unit Cost	Total Cost
	Total				
Total I certify that the information on this schedule is a complete and accurate detail of Equipment Purchases.	Total on on this schedule is a cor pment Purchases.	nplete		DHR:© Approval © Approval w/ © Disapproval	DHR:© Approval © Approval w/Exception © Disapproval
Board Chairperson or Executive Director	ıtive Director		Signature		Data
odiu Chairperson or Execu	itive Director		Signature		Date

Form 1240 (2-00)